



THE CITY OF SAN DIEGO

Human Relations Commission

1200 Third Avenue • Suite 916 • San Diego, CA 92101

Tel (619) 236-6420 • Fax (619) 236-6423

COMPLAINT OF DISCRIMINATION

NOTICE: *Under the California Public Records Act and other disclosure statutes, the information contained in this complaint form cannot be kept confidential.*

Date _____

PART A:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

Are you currently employed? ☐ Yes ☐ No

If yes, what is your occupation? _____

What is your race?

☐ Black

☐ Caucasian

☐ Native American

☐ Hispanic

☐ Asian/Pacific Islander

☐ Other

What is your sex?

☐ Male

☐ Female

Are translation services required? ☐ Yes ☐ No

If yes, please indicate your fluent language? _____

PART B:

1. Name the person(s) and/or organization(s) whom you feel discriminated against you:

Name: _____ Position (if known) _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Name: _____ Position (if known) _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____

2. I was discriminated against in: ☐ Employment ☐ Housing ☐ Other (specify)

3. If your charge is against a company or union, what was the number of employees or members? _____

4. I believe I was discriminated against because of my (check all that apply):

☐ Race

☐ Religion

☐ National Origin

☐ Sex

☐ Age

☐ Mental/Physical Impairment

☐ Sexual Orientation

☐ Marital Status

☐ Gender

☐ Family Status

☐ National Origin

☐ Ancestry

☐ Other (please specify) _____

5. Have you filed this complaint with any other agency? ☐ Yes ☐ No

If yes, with what agency did you file the complaint? _____

What was the date you filed the complaint? _____

6. Have you ever filed a complaint with this office before? ☐ Yes ☐ No
7. Do you know any other individuals who feel they were discriminated against or who witnessed the alleged discriminations by the above person(s) and/or organization(s)? ☐ Yes ☐ No

If yes, please list those individuals below.

Name

Address

Telephone

8. The City of San Diego Human Relations Commission will try to mediate your complaint if the other party agrees to the mediation. What do you want to happen as a result of the mediation?

[illegible]

9. Explain in detail how you feel you were discriminated against. (Include the all dates relevant to the alleged discrimination that took place.) You should attach any copies of documents that you believe will support your charge.

[illegible]

PART C:

I swear or affirm that I have read the above claim and that it is true to the best of my knowledge, information and belief. I understand that the respondent will be notified of the claim.

Complainant

Date